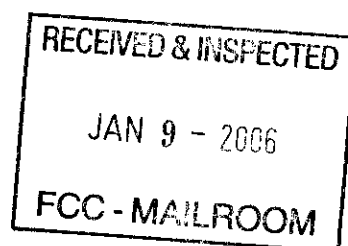


System: 16: 135.210.45 sec fax,sec, 4181087 --- Time Printed: 01-09-2006 09:35:33

From: 5864459139
Media: Fax 16 pages
Subject:
Status:
Received: 09:24 AM 01/09/06

DOCKET FILE COPY ORIGINAL



24536 Jefferson
St. Clair Shores, MI 48080
Phone: (586) 445-7069
Fax: (586) 445-9139

**Synergy Training
Solutions**

Fax

RECEIVED & INSPECTED

JAN 9 - 2006

FCC - MAILROOM

To:	From: Cheryl Herba
Fax: 202-418-0187	Pages: 16
Phone:	Date: 01/09/2006
Re: CC Docket No. 96-45	CC:
CC Docket No. 02-6	

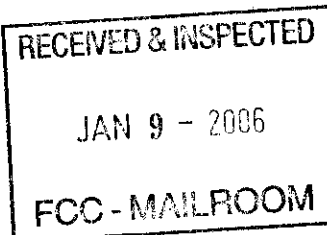
☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

No. of Copies rec'd _____
List A B C D E

HEART and Health Academics

24535 Jefferson Ave.
St Clair Shores, MI 48080
Telephone: 586-445-7069
Fax: 586-445-9139

Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Room TW-A325
Washington, DC 20554
Fax: 202-418-0187
Reference: CC Docket No. 96-45 and CC Docket No. 02-6



January 2, 2006

Dear Sir/Madam,

This appeal is for **Billed Entity # 232868**, application **471 # 453660**, **FRN # 1246674**, **1246676**, **1246679**.

We requested Internet Access & Telecommunication Services for Michigan Health Academy (MHA). We calculated the discount rate based on a survey that is required by Michigan Department of Education (MDE). The discount should be 80%. However SLD modified the discount rate to 20% in the FCD Letter dated 10/5/05 with the following explanation: "The site-specific discount was corrected".

A PIA Initial Reviewer, Mr. Mike Aghachi, communicated with us regarding this issue two times and we responded to him within the allowed 7 day period.

We submitted an appeal to Schools and Libraries Division of the Universal Service (SLD/USAC). SLD/USAC denied our appeal on 11/16/2005 on the basis of missing the family address on the MDE survey form. This survey form is required by the Michigan Dept. of Education (MDE) to determine the eligibility for Title I and Section 31a At-Risk Funding.

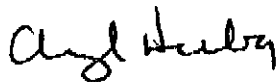
Since the required Michigan Department of Education (MDE) survey form was used for income eligibility determination, we feel USAC should give us a chance to rectify the situation and add the family address to the survey form. As you know, MHA is a small charter school with limited resources. Moreover, MHA is located in Detroit where the percentage of qualified students for NSLP is more than 60% which should allow us to get discount rate of 80%. Copies of the survey forms are available in the office. We feel that SLD/USAC's decision to cut our discount rate from 80% to 20% places a burden on small schools like ours to provide continued Internet connection and Telecommunication services for our teachers and students.

No. of Copies rec'd _____
List A B C D E

0

We trust that you will reconsider our request and revise the discount rate to 80 % so that we can continue to provide Internet and telecommunication connections for our teachers and students. If you have any question about this appeal, please contact us at 586-445-7069 or cherba@synergytraining.net.

Sincerely,



Cheryl Herba,
Administrator

Attachments:

1. USAC's decision letter
2. Survey form that is required by MDE
3. Funding Commitment Report



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



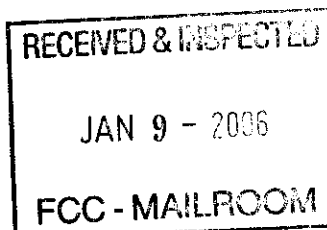
MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

JENNIFER M. GRANHOLM
GOVERNOR

October 6, 2005

MEMORANDUM

TO: Administrator
FROM: Linda Brown, Assistant Director
Office of School Improvement



SUBJECT: October 2005 Counts of Membership Pupils Eligible for Free Breakfast, Lunch or Milk
(Form FS-4731-C)

This packet contains the materials you need to document income eligibility of certain children in your school for the 2005-06 school year. Children who are enrolled in the school on October 31, 2005 and whose family income is at or below the criteria identified on the attached chart (Attachment 1), may qualify your school/academy for additional state and federal funding such as "at risk" and/or Title I. In order to qualify to receive such funding, it is necessary to document the income eligibility of certain children. The collection of this information is necessary if your school chooses not to participate in the National School Lunch, School Breakfast, and/or Special Milk Program for the 2005-06 school year.

Please reprint the attached income chart (Attachment 1), application (Attachment 2), and sample letter (Attachment 3) on your school letterhead and distribute them to all students/families in your school. However, only those families meeting the income criteria on the attached chart should complete and return the application. Also attached is guidance for determining income and household size (Attachment 4), which should also be sent to families to assist them with the application.

Once you have determined the number of eligible children enrolled in your school on October 31, 2005, please refer to the enclosed instructions to complete the enclosed Form FS-4731-C, October 2005 Counts of Membership Pupils Eligible for Free Breakfast, Lunch or Milk and submit it no later than **January 13, 2006** to:

Jayne Klein
Office of School Improvement
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909

In addition to submitting Form FS-4731-C, please enter the student eligibility information in Field 31, Supplemental Nutrition Eligibility, in the Single Record Student Database (SRSD). Should you have questions, please contact Jayne Klein at 517-373-4006.

Enclosures

STATE BOARD OF EDUCATION

KATHLEEN N. STRAUS - PRESIDENT • JOHN C. AUSTIN - VICE PRESIDENT
CAROLYN L. CURTIN - SECRETARY • MARIANNE YARED MCQUIRE - TREASURER
NANCY DANHOFF - NASBE DELEGATE • ELIZABETH W. BAUER
REGINALD M. TURNER • EILEEN LAPPIN WEISER

608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
www.michigan.gov/DOE • (517) 373-3324

DETERMINATION OF ELIGIBILITY FOR TITLE I AND SECTION 31a, AT-RISK FUNDING

Part 1. Children in School (Use a separate application for each foster child)				
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any)	

If you listed a Food Stamp/TANF case number for EACH child, skip to Part 4.

Part 2. Foster Child:				
If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: \$ _____. Skip to Part 4.				

Part 3. Total Household Income from Last Month--You must tell us how much and how often				
1. Name (List everyone in household)	2. Last month's income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 4. Signature and Social Security Number (Adult must sign)				
An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)				
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.				
Sign here: X _____				
Social Security Number: _____ <input type="checkbox"/> I do not have a Social Security Number				

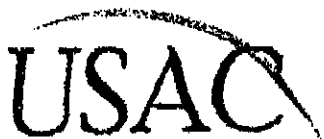
Part 5. Children's racial and ethnic identities (optional)				
Mark one or more racial identities:				
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
Mark one ethnic identity:				
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				

Don't fill out this part. This is for school use only.				
Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2				
Monthly Income: _____	Household size: _____	FS/TANF: _____	Date Withdrawn: _____	
Eligibility: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reason: _____				
Determining Official's Signature: _____ Date: _____				

Attachment #1

2005-06 INCOME ELIGIBILITY GUIDELINES

<u>HOUSEHOLD SIZE</u>	<u>INCOME</u>				
	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	\$ 12,441	\$ 1,037	\$ 519	\$ 479	\$ 240
2	16,679	1,390	695	642	321
3	20,917	1,744	872	805	403
4	25,155	2,097	1,049	968	484
5	29,393	2,450	1,225	1,131	566
6	33,631	2,803	1,402	1,294	647
7	37,869	3,156	1,578	1,457	729
8	42,107	3,509	1,755	1,620	810
For each additional family member add:	+ 4,238	+ 354	+ 177	+ 163	+ 82



Universal Service Administrative Company
Schools & Libraries Division

Administrator's Decision on Appeal – Funding Year 2005-2006

November 16, 2005

Cheryl Herba
Heart and Health Academics
24535 Jefferson Avenue
St Claire Shores, MI 48080

Rc: Applicant Name: HEART AND HEALTH ACADEMYS
Billed Entity Number: 232868
Form 471 Application Number: 453660
Funding Request Number(s): 1246674, 1246676, 1246679
Your Correspondence Dated: October 15, 2005

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your appeal of SLD's Funding Year 2005 Funding Commitment Decision Letter for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 60-day time period for appealing this decision to the Federal Communications Commission (FCC). If your Letter of Appeal included more than one Application Number, please note that you will receive a separate letter for each application.

Funding Request Number(s): 1246674, 1246676, 1246679
Decision on Appeal: Denied
Explanation:

- On appeal, you seek reversal of the SLD's decision to reduce the requested site-specific discount from 80% to 20%. In support of your appeal, you state that you complied with SLD request for additional documentation in a timely fashion. You also state that you used Michigan State Survey form to determine the school percentage of students that qualify for the National School Lunch Program.
- After a thorough review of the appeal letter, the documentation submitted during your Form 471 review process and during the appeal process, SLD determined that Michigan Health Academy (BEN 54787) percentage discount should be 20%. As indicated in this documentation, Michigan Health Academy used a federally-approved alternative mechanisms to determine the level of poverty for purposes of the universal service discount program in order to determinate its level of need.

The Schools and Libraries support mechanism requires that if a school chooses to do a survey, the survey must contain the following information: address of family. Since the survey the school provided did not meet this survey guideline, the survey cannot be accepted as valid documentation to support the requested discount. Please visit SLD's Alternative Discount Mechanisms Fact Sheet at <http://www.sl.universalservice.org/reference/alt.asp>.

- SLD's review of your application determined that your discount eligibility percentage was not supported by appropriate documentation. SLD modified your discount eligibility percentage using the following documentation: a filled out survey/application that was submitted during your form initial review. Since you did not demonstrate in your appeal that the adjustment SLD made to your discount eligibility percentage was incorrect, SLD denies your appeal.
- You indicated on your Form 471 that your discount eligibility is 80% based upon surveys. FCC rules provide that the discount available to an applicant is determined by indicators of poverty and high cost. 47 C.F.R. § 54.505(b). The level of poverty is measured by the percentage of students enrolled in a school or school district that are eligible for a free or reduced price lunch under the National School Lunch Program, or a federally-approved alternative mechanism. Alternatively, the level of poverty is measured according to participation in Medicaid, food stamps, Supplementary Security Income (SSI), federal public housing assistance or Section 8, or Low Income Home Energy Assistance Program (LIHEAP). See Federal-State Joint Board on Universal Service, CC Docket No. 96-45, *Report and Order*, 12 FCC Red 8776, FCC 97-157, n.1334 (rel. May 8, 1997). The high cost determination is made pursuant to FCC rules that classify a school or school district as rural or urban. 47 C.F.R. § 54.505(b)(3). An applicant's discount rate is determined by reference to a matrix based upon the level of poverty and whether a school is classified as rural or urban. 47 C.F.R. § 54.505(c).

If your appeal has been approved, but funding has been reduced or denied, you may appeal these decisions to either the SLD or the FCC. For appeals that have been denied in full, partially approved, dismissed, or canceled, you may file an appeal with the FCC. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be received or postmarked within 60 days of the date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

We thank you for your continued support, patience and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

Cheryl Herba
Heart and Health Academys
24535 Jefferson Avenue
St Claire Shores, MI 48080

Billed Entity Number: 232868
Form 471 Application Number: 453660
Form 486 Application Number:

USAC

Universal Service Administrative Company

Schools & Libraries Division

FUNDING COMMITMENT DECISION LETTER
(Funding Year 2005: 07/01/2005 - 06/30/2006)

October 5, 2005

Nancy Alholou
HEART AND HEALTH ACADEMY
5031 Tyler Dr.
Riverview, MI 48085Re: Form 471 Application Number: 453550
Funding Year 2005: 07/01/2005 - 06/30/2006
Billed Entity Number: 232858
Billed Entity FCC RN: 001400751
Applicant's Form Identifier: 586-445-7059-00

Thank you for your Funding Year 2005 E-rate application and for any assistance you provided throughout our review. Here is the current status of the funding request(s) featured in the Funding Commitment Report at the end of this letter.

The amount \$15,806,440 is Approved.

Please refer to the Funding Commitment Report on the page following this letter for specific funding request decisions and explanations.

The Important Reminders and Deadlines immediately preceding this letter are provided to assist you throughout the application process.

NEXT STEPS

- Work with your service provider to determine if you will receive discounted bills, or if you will request reimbursement from USAC after paying your bills in full.
- Review technology planning approval requirements.
- Review CIPA Requirements.
- File Form 486.
- Invoice the SLD using the Form 474 (service provider) or Form 472 (Billed Entity) as products and services are being delivered and billed.

FUNDING COMMITMENT REPORT

On the pages following this letter, we have provided a Funding Commitment Report for the Form 471 application cited above. The enclosed report includes a list of the Funding Request Number(s) (FRNs) from your application. The SLD is also sending this information to your service provider(s) so preparations can be made to begin implementing your E-rate discount(s) after you file your Form 486. Immediately preceding the Funding Commitment Report, you will find a guide that provides a definition for each line of the Report.

TO APPEAL THIS DECISION

If you wish to appeal a decision in this letter, your appeal must be received by the SLD or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

- Include the name, address, telephone number, fax number, and (if available) e-mail address for the person who can best readily discuss this appeal with us.
- State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing:
 - Appellant name
 - Applicant name and service provider name, if different from appellant

Box 125 - Correspondence Unit 40 South Jericho Road, Whippany, New Jersey 07981

Voice: 800-445-9139 • Fax: 800-445-9139

Applicant BEN and service provider SPIN
Form 471 Application Number as assigned by the SLD
Funding Commitment Decision Letter for Funding Year 2005 AND
The exact text of the decision that you are appealing

Please keep your letter to the point, and provide documentation to support your appeal.
Be sure to keep a copy of your entire appeal, including any correspondence and
documentation.

If you are the applicant, please provide a copy of your appeal to the service
provider(s) affected by the SLD's decision. If you are the service provider, please
provide a copy of your appeal to the applicant(s) affected by the SLD's decision.

Provide an authorized signature on your letter of appeal.

To submit your appeal to the SLD by e-mail, use the "Submit a Question" feature on our
web site at www.sluniversal-service.org. Click "Continue", choose "Appeals" from the
Topics Inquiry on the lower portion of your screen, and click "Go" to begin your
appeal submission. The system will prompt you through the process. The SLD will
automatically reply to incoming e-mails to confirm receipt.

To submit your appeal to the SLD by fax, fax your appeal to (973) 599-6542.

To submit your appeal to the SLD on paper, send your appeal to:

Letter of Appeal
Schools and Libraries Division
Box 125 - Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

While we encourage you to resolve your appeal with the SLD first, you have the option
of filing an appeal directly with the Federal Communications Commission (FCC). You
should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your
appeal must be received by the FCC or postmarked within 60 days of the above date on
this letter. Failure to meet this requirement will result in automatic dismissal of
your appeal. We strongly recommend that you use either the electronic filing options
described in the Appeals Procedure posted in the Reference Area of our web site.
If you are submitting your appeal via United States Postal Service, send to: FCC
Office of the Secretary, 445 12th Street SW, Washington, DC 20554.

NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all
statutory, regulatory, and procedural requirements of the Schools and Libraries Universal
Service Support Mechanism. Applicants who have received funding commitments continue
to be subject to audits and other reviews that the Universal Service Administrative
Company (USAC) and/or the FCC may undertake periodically to assure that funds that have
been committed are being used in accordance with all such requirements. The SLD may be
required to reduce or cancel funding commitments that were not issued in accordance with
such requirements, whether due to action or inaction, including but not limited to that
of the SLD, the applicant, or the service provider. The SLD and other appropriate
authorities (including but not limited to USAC and the FCC) may pursue enforcement
actions and other means of recourse to collect improperly disbursed funds. The timing
of payment of invoices may also be affected by the availability of funds based on the
amount of funds collected from contributing telecommunications companies.

Schools and Libraries Division
Universal Service Administrative Company

IMPORTANT REMINDERS & DEADLINES

Billed Entity Number: 232868

Name of Billed Entity: HEART AND HEALTH ACADEMY

The following information is provided to assist you throughout the application process. We recommend that you keep it in an easily accessible location and that you share it with the appropriate members of your organization.

FCO REGISTRATION NUMBERS (FCO RNS) Effective November 1, 2003, the FCO's (FCO 04-190 released August 15, 2003) require all state program participants to have FCO Registration Numbers. Please continue to review our web site for additional guidance.

FORM 486 DEADLINE The form 486 must be postmarked no later than 120 days after the Service Start Date you report on the form 486 or no later than 120 days after the date of the Funding Commitment Decision Letter, whichever is later. If you are required to have a Technology Plan, that plan must cover all 12 months of the funding year. You must indicate the name of the SID-Certified Technology Plan Approver (TPA) prior to the commencement of discounted services for this funding year. You must indicate the name of the SID-Certified TPA who approved your plan in your form 486 and you must retain your approval letter and documentation of your monitoring of the progress toward your stated goals.

CHILDREN'S INTERNET PROTECTION ACT (CIPA) Please review the CIPA guidance in the Form 486 Instructions, Section II, IMPACT OF CIPA REQUIREMENTS ON FORM 486.

INVOICE DEADLINE Invoices must be postmarked no later than 120 days after the last date to receive services, including extensions, or 120 days after the date of the Form 486 Notification Letter, whichever is later. Invoices should not be submitted until the invoiced products and services are being delivered and billed, and (for BEAR forms) the provider has been paid.

OBLIGATION TO PAY NON-DISCOUNT PORTION Applicants are required to pay the non-discount portion of the cost of the products and/or services. Service providers are required to bill applicants for the non-discount portion. The FCO has stated that requiring applicants to pay their share ensures efficiency and accountability in the program. FCO 04-190 provided that a presumptively reasonable timeframe for a beneficiary to pay its non-discount share is 60 days after the completion of services. If you are using a place-in as part of your non-discount portion, please refer to the web site for more information.

DOCUMENTATION RETENTION FCO rules require that documents demonstrating compliance with the statute and Commission rules must be retained for a period of at least five years after the last day of service delivered. See "Document Retention Requirements" in FCO 04-190 for a descriptive list of many of the documents you must retain.

SUSPENSION AND DEBARMENT Persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the Schools and Libraries Support Mechanism are subject to suspension and debarment from the program.

FREE SERVICES ADVISORY Applicants and service providers are prohibited from using the Schools and Libraries Support Mechanism to subsidize the procurement of ineligible or unrequested products and services or from participating in arrangements that have the effect of providing a discount level to applicants greater than that to which applicants are entitled.

Complete program information, including more information on these reminders, is located to the SID section of the USAC web site at www.usacivilianservice.org. You may also contact the SID Client Service Bureau by e-mail using the "Submit a Question" link on the web site, by fax at 1-888-276-8736 or by phone at 1-888-203-3100.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE NON-RECURRING CHARGES (Annual-eligible non-recurring charges approved for the funding year)

PRE-DISCOUNT AMOUNT: Amount in Form 471, Block 5, item 23, as determined through the application review process

DISCOUNT PERCENTAGE APPROVED BY THE SID: The discount rate that the SID has approved for this service

FUNDING COMMITMENT DECISION: This represents the total amount of funding that the SID has reserved to reimburse your service provider for the approved discounts for this service for this funding year. It is important that you and your service provider both recognize that the SID should be invoiced and the SID may effect disbursement of discounts only for eligible approved services actually rendered.

FUNDING COMMITMENT DECISION EXPLANATION: This entry provides an explanation of the amount in the Funding Commitment Decision

ECDL DATE: The date of this Funding Commitment Decision Letter (ECDL)

WAVE NUMBER: The wave number assigned to ECDLs issued on this date

FUNDING COMMITMENT REPORT

Billed Entity Name: HEART AND HEALTH ACADEMYS

SEN: 232868

Funding Year: 2005

Form 471 Application Number: 253660
Funding Request Number: 1246673
Funding Status: Funded
Category of Service: Telecommunications Service
Form 470 Application Number: 827470000
SPIN: 143001727
Service Provider Name: SBC Michigan
Contract Number: MTM
Billing Account Number: 3138829422
Service Start Date: 07/01/2005
Contract Expiration Date: 06/30/2006
Site Identifier: 54883
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$6,000.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$5.00
Pre-discount Amount: \$6,000.00
Discount Percentage Approved by the SID: 60%
Funding Commitment Decision: \$3,600.00 - FRN approved as submitted
FCOL Date: 10/05/2005
Wave Number: 015

Funding Request Number: 1246673
Funding Status: Funded
Category of Service: Telecommunications Service
Form 470 Application Number: 827470000
SPIN: 143001727
Service Provider Name: SBC Michigan
Contract Number: MTM
Billing Account Number: 313-982-9422
Service Start Date: 07/01/2005
Contract Expiration Date: 06/30/2006
Site Identifier: 54787
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$5,200.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$5.00
Pre-discount Amount: \$5,200.00
Discount Percentage Approved by the SID: 20%
Funding Commitment Decision: \$4,180.00 - FRN approved as modified by SID
Funding Commitment Decision Explanation: The 20% specific discount was approved
FCOL Date: 10/05/2005
Wave Number: 015

FUNDING COMMITMENT REPORT

Billed Entity Name: HEART AND HEALTH ACADEMY

BEN 233653

Funding Year: 2005

Form 471 Application Number: 453660
Funding Request Number: 1246675
Funding Status: Funded
Category of Service: Telecommunications Service
Form 470 Application Number: 827470000
SPIN: 143000893
Service Provider Name: Nextel
Contract Number: 7
Billing Account Number: 160143328
Service Start Date: 07/01/2005
Contract Expiration Date: 06/30/2006
Site Identifier: 64883
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$12,000.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$ 0.00
Pre-discount Amount: \$12,000.00
Discount Percentage Approved by the SLB: 60%
Funding Commitment Decision: \$7,200.00 PRN approved as submitted

FCDL Date: 10/03/2005

Wave Number: 015

Funding Request Number: 1246675
Funding Status: Funded
Category of Service: Telecommunications Service
Form 470 Application Number: 827470000
SPIN: 143000893
Service Provider Name: Nextel
Contract Number: 7
Billing Account Number: 777143328
Service Start Date: 07/01/2005
Contract Expiration Date: 06/30/2006
Site Identifier: 62787
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$9,600.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$ 0.00
Pre-discount Amount: \$9,600.00
Discount Percentage Approved by the SLB: 20%
Funding Commitment Decision: \$1,920.00 PRN approved, modified by SLB
Funding Commitment Decision Explanation: The site-specific discount was corrected

FCDL Date: 10/03/2005

Wave Number: 015

FUNDING COMMITMENT REPORT
Billed Entity Name: HEART AND HEALTH ACADEMY
BEN 232868
Funding Year: 2005

Form 470 Application Number: 453660
Funding Request Number: 1246679
Funding Status: Funded
Category of Service: Internet Access
Form 470 Application Number: 827470000
SPN: 143013584
Service Provider Name: Comcast Cable Communications, LLC
Contract Number: N/A
Billing Account Number: N/A
Service Start Date: 07/01/2005
Contract Expiration Date: 06/30/2006
Site Identifier: 54787
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$2,832.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$ 00
Pre-discount Amount: \$2,832.00
Discount Percentage Approved by the SLD: 20%
Funding Commitment Decision: \$566.40 - FRN approved, modified by SLD
Funding Commitment Decision Explanation: The site-specific discount was corrected
Fcol Date: 10/05/2005
Page Number: 015

Funding Request Number: 1246682
Funding Status: Funded
Category of Service: Internet Access
Form 470 Application Number: 827470000
SPN: 143005693
Service Provider Name: Sprint Communications Co. L.P.
Contract Number: N/A
Billing Account Number: N/A
Service Start Date: 07/01/2005
Contract Expiration Date: 06/30/2006
Site Identifier: 54883
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$2,400.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$ 00
Pre-discount Amount: \$2,400.00
Discount Percentage Approved by the SLD: 60%
Funding Commitment Decision: \$1,440.00 - FRN approved as submitted
Fcol Date: 10/05/2005
Page Number: 015